Revision: HCFA-PM-91-4 (BPD) Page 10

August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

	State:	UTAH		
SECTION 2 - COVERAGE AND ELIGIBILITY				
Citation		oplication, Determination of Eligibility and Furnishing edicaid		
42 CFR 435.10 and Subpart J	(a)	The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.		

T.N. # 91-20 Approval Date 11-13-91 Supersedes T.N. # <u>75-45</u> Effective Date 10-1-91

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HCFA-PM-93-2 (MB)

March 1993

Page 11

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

	State:			UTAH
	SECTION 2	- CC	VEF	RAGE AND ELIGIBILITY (Continued)
Citation	2.1		<u>licati</u> ntinu	on, Determination of Eligibility and Furnishing Medicaid ed)
42 CFR 435.914 1902(a)(34) of the Act		(b)	(1)	Except as provided in items 2.1(b)(2) and (3) below, individuals are entitled to Medicaid services under the plan during the three months preceding the month of application, if they were, or an application would have been, eligible. The effective date of prospective and retroactive eligibility is specified in ATTACHMENT 2.6-A.
1902(e)(8) and 1905(a) of the Act			(2)	For individuals who are eligible for Medicare cost- sharing expenses as qualified Medicare beneficiaries under section 1902(a)(10)(E)(i) of the Act, coverage is available for services furnished after the end of the month in which the individual is first determined to be a qualified Medicare beneficiary. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
1902(a)(47) and 1920 of the Act		X	(3)	Pregnant women are entitled to ambulatory prenatal care under the plan during a presumptive eligibility period in accordance with section 1920 of the Act. ATTACHMENT 2.6-A specifies the requirements for determination of eligibility for this group.
42 CFR 434.20		(c)		eted 2003 due to Medicaid Managed Care BBA ulations.

T.N. #	03-016	Approval Date _	3-3-04
Supersedes T.N. #	94-12	Effective Date	10-1-03

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October 1991

Page 11a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH			

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.1 <u>Application, Determination of Eligibility and Furnishing Medicaid</u> (Continued)

1902(a)(55) of the Act

(d) The Medicaid agency has procedures to take applications, assist applicants, and perform initial processing of applications from those low income pregnant women, infants, and children under age 19, described in §1902(a)(10)(A)(i)(IV), (a)(10)(A)(i)(VI), (a)(10)(A)(i)(VII), and (a)(10)(A)(ii)(IX) at locations other than those used by the title IV-A program including FQHCs and disproportionate share hospitals. Such application forms do not include the ADFC form except as permitted by HCFA instructions.

T.N. # 91-25 Approval Date 7-10-92

Supersedes T.N. # 91-15 Effective Date 12-1-91

HCFA-PM-91-4 (BPD)

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August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

Revision:

2.2 Coverage and Conditions of Eligibility

42 CFR 435.10 Medicaid is available to the groups specified in ATTACHMENT 2.2-A.

Page 12

- __ Mandatory categorically needy and other required special groups only.
- Mandatory categorically needy, other required special groups, and the medically needy, but no other optional groups.
- __ Mandatory categorically needy, other required special groups, and specified optional groups.
- X Mandatory categorically needy, other required special groups, specified optional groups, and the medically needy.

The conditions of eligibility that must be met are specified in ATTACHMENT 2.6-A.

All applicable requirements of 42 CFR Part 435 and sections 1902(a)(10)(A)(i)(IV), (V), and (VI), 1902(a)(I0)(A)(ii)(XI), 1902(a)(I0)(E), 1902(I) and (m), 1905(p), (q) and (s), 1920, and 1925 of the Act are met.

T.N. # 91-20

Approval Date 11-13-91

Supersedes T.N. # 87-30

Effective Date 10-1-91

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March 1987

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation 435.10 and 435.403, and 1902(b) of the Act, P.L. 99-272 (Section 9529) and P.L. 99-509 (Section 9405)

2.3 Residence

Medicaid is furnished to eligible individuals who are residents of the State under 42 CFR 435.403, regardless of whether or not the individuals maintain the residence permanently or

Page 13

maintain it as a fixed address.

T.N. # 87-30 Approval Date 7-9-87

Supersedes T.N. # 86-36 Effective Date 4 -1-87

HCFA-PM-87-4 (BERC) Revision:

March 1987

Page 14

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation 2.4 Blindness

42 CFR 435.530(b) All of the requirements of 42 CFR 435.530 and 42 CFR 42 CFR 435.531 435.531 are met. The more restrictive definition of

AT-78-90 blindness in terms of ophthalmic measurement used in this

AT-79-29 plan is specified in ATTACHMENT 2.2-A.

T.N. # 87-30 Approval Date _____7-9-87 Supersedes T.N. # ___76-1__ Effective Date 4-1-87 Revision: HCFA-PM-91-4 (BPD)

August 1991

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

Page 15

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation 2.5 <u>Disability</u>

42 CFR All of the requirements of 42 CFR 435.540 and 435.541 are met. The State uses the same definition of disability used under the SSI program unless a more restrictive definition of disability is specified in Item A.13.b. of ATTACHMENT 2.2-A

of this plan.

T.N. # 92-01 Approval Date 2-11-92

Supersedes T.N. # 91-20 Effective Date 1-1-92

Revision: HCFA-PM-92-1 (MB) Page 16-17

February 1992

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State:	UTAH	
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SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.6 Financial Eligibility

42 CFR 435.10 and Subparts G & H 1902(a)(I0)(A)(i) (III), (IV), (V), (VI), and (VII), 1902(a)(I0)(A)(ii) (IX), 1902(a)(I0) (A)(ii)(X), 1902 (a)(I0)(c), 1902(f), 1902(I) and (m), 1905(p) and (s), 1902(r)(2), and 1920 The financial eligibility conditions for Medicaid-only eligibility groups and for persons deemed to be cash assistance recipients are described in ATTACHMENT 2.6-A.

T.N. # 92-02 Approval Date 5-20-92

Supersedes T.N. # 91-20 Effective Date 1-1-92

Revision: HCFA-PM-86-20 (BERC)

September 1986

Page 18

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM

State: UTAH

SECTION 2 - COVERAGE AND ELIGIBILITY (Continued)

Citation

2.7 Medicaid Furnished Out-of-State

431.52 and 1902(b) of the Act. P.L. 99-272 (Section 9529) Medicaid is furnished under the conditions specified in 42 CFR 431.52 to an eligible individual who is a resident of the State while the individual is in another State, to the same extent that Medicaid is furnished to residents in the State.

T.N. # <u>86-36</u> Approval Date <u>1-20-87</u>

Supersedes T.N. # <u>82-33</u> Effective Date 10-1-86